STRUM NURSING HOME

208 ELM ST

STRUM	54770	Phone: (715) 695-2611		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Co	njunction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Bed	s Set Up and St	affed (12/31/04):	50	Title 18 (Medicare) Certified?	Yes
Total License	d Bed Capacity	(12/31/04):	50	Title 19 (Medicaid) Certified?	Yes
Number of Res	idents on 12/31	/04:	40	Average Daily Census:	39

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)							
Home Health Care No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	27.5		
Supp. Home Care-Personal Care	No					1 - 4 Years	47.5		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.5	More Than 4 Years	25.0		
Day Services	Day Services No   Mental Illness (Org./Psy		45.0	65 - 74	12.5				
Respite Care	Yes	Mental Illness (Other)	7.5	75 - 84	27.5		100.0		
Adult Day Care Yes		Alcohol & Other Drug Abuse 0.0   85 - 94 50.0   **********************************				*********	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.5	Full-Time Equivalent			
Congregate Meals No		Cancer	0.0	0.0		- Nursing Staff per 100 Residents			
Home Delivered Meals Yes		Fractures	2.5		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	2.5	65 & Over	97.5				
Transportation	No	Cerebrovascular	12.5			RNs	7.7		
Referral Service	No	Diabetes	0.0	Gender	8	LPNs	8.8		
Other Services	No	Respiratory	5.0			Nursing Assistants,			
Provide Day Programming for 0		Other Medical Conditions	25.0	Male	27.5	Aides, & Orderlies	43.5		
Mentally Ill	No			Female	72.5				
Provide Day Programming for	ĺ		100.0	İ					
Developmentally Disabled No				İ	100.0	İ			
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	!		amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	1	2.9	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.5
Skilled Care	0	0.0	0	32	94.1	126	0	0.0	0	6	100.0	122	0	0.0	0	0	0.0	0	38	95.0
Intermediate				1	2.9	105	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		34	100.0		0	0.0		6	100.0		0	0.0		0	0.0		40	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12,	31/04
beaths burning Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	10.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	16.7	Bathing	0.0		65.0	35.0	40
Other Nursing Homes	6.7	Dressing	12.5		45.0	42.5	40
Acute Care Hospitals	60.0	Transferring	42.5		35.0	22.5	40
Psych. HospMR/DD Facilities	0.0	Toilet Use	37.5		42.5	20.0	40
Rehabilitation Hospitals	0.0	Eating	72.5		25.0	2.5	40
Other Locations	6.7	*******	******	*****	******	******	*****
Total Number of Admissions	30	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.5	Receiving Resp	iratory Care	7.5
Private Home/No Home Health	23.1	Occ/Freq. Incontiner	ıt of Bladder	45.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	15.4	Occ/Freq. Incontiner	it of Bowel	30.0	Receiving Suct	ioning	0.0
Other Nursing Homes	15.4				Receiving Osto	my Care	5.0
Acute Care Hospitals	3.8	Mobility			Receiving Tube	Feeding	2.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Mech	anically Altered Diets	25.0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	42.3	With Pressure Sores		7.5	Have Advance D	irectives	87.5
Total Number of Discharges		With Rashes		5.0	Medications		
(Including Deaths)	26	İ			Receiving Psyc	hoactive Drugs	60.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Peer Group		Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	78.0	81.9	0.95	85.5	0.91	85.9	0.91	88.8	0.88
Current Residents from In-County	82.5	72.8	1.13	71.5	1.15	75.1	1.10	77.4	1.07
Admissions from In-County, Still Residing	30.0	18.7	1.61	20.7	1.45	20.5	1.47	19.4	1.55
Admissions/Average Daily Census	76.9	151.4	0.51	125.2	0.61	132.0	0.58	146.5	0.53
Discharges/Average Daily Census	66.7	151.2	0.44	123.1	0.54	131.4	0.51	148.0	0.45
Discharges To Private Residence/Average Daily Census	25.6	74.0	0.35	55.7	0.46	61.0	0.42	66.9	0.38
Residents Receiving Skilled Care	97.5	95.3	1.02	95.8	1.02	95.8	1.02	89.9	1.08
Residents Aged 65 and Older	97.5	94.3	1.03	93.1	1.05	93.2	1.05	87.9	1.11
Title 19 (Medicaid) Funded Residents	85.0	71.9	1.18	69.1	1.23	70.0	1.21	66.1	1.29
Private Pay Funded Residents	15.0	16.7	0.90	20.2	0.74	18.5	0.81	20.6	0.73
Developmentally Disabled Residents	0.0	0.6	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	52.5	29.5	1.78	38.6	1.36	36.6	1.43	33.6	1.56
General Medical Service Residents	25.0	23.5	1.07	18.9	1.32	19.7	1.27	21.1	1.19
Impaired ADL (Mean)	46.0	46.4	0.99	46.2	0.99	47.6	0.97	49.4	0.93
Psychological Problems	60.0	54.5	1.10	59.0	1.02	57.1	1.05	57.7	1.04
Nursing Care Required (Mean)	6.6	7.4	0.89	7.0	0.94	7.3	0.90	7.4	0.88